

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018569

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 123

STATE FILE NUMBER

FILED JUN 11 1962

## 1. PLACE OF DEATH

a. COUNTY

FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

WASHINGTON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

ST. FRANCIS HOSP.

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

FRANKLIN

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

UNION

d. STREET  
ADDRESS

(If outside, give location)

604 WASHINGTON AVE.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

EDWARD

Middle

H.

Last

FRIEDEL

4. DATE  
OF  
DEATH

Month

JUNE

Day

4

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

SEPT. 18, 1891

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months

8

Days

17

## IF UNDER 24 HR

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

BARBER

## 11. BIRTHPLACE (City and state or country)

MOSELLE, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

HENRY FRIEDEL

## 13b. MOTHER'S MAIDEN NAME

ANNA POHLMANN

## 14. NAME OF HUSBAND OR WIFE

MARY FRIEDEL UNION

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

## (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

MRS. MARY FRIEDEL 604 WASHINGTON

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan '61 to 6/4/62 and last saw her alive on 6/4/62  
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

JUNE 7, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

MIDLAWN CEM.

## 23d. LOCATION (City, town, or county)

UNION, MO.

## 24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME

## 25. DATE RECD. BY LOCAL REG.

6/4/62

## 26. REGISTRAR'S SIGNATURE

Lola C. Hubmann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 13 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Olthmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.